

Manuel Garcia, the still living distinguished nonagenarian singing master of London, whose use of the dental mirror, for the purpose of studying the mechanism of voice, gave, in 1854, the initial impulse to laryngology of the present day.

Hard Fibroma of the Maxillary Sinus, with Pyæmia of the Frontal Sinus.—DR. L. J. HAMMOND reports (*Phila. Polyclinic*, August 7, 1897) this interesting case, which is illustrated with instructive wood-cuts. An Irishman, aged thirty-eight years, laborer in a chemical works, suffered violent pain in the left side of his face and forehead, which had resisted all manner of treatment—even the removal of his teeth on the left side of the upper jaw. There was a suppurative discharge from the left nostril and from the site of the second bicuspid tooth. The cartilaginous septum was gone, the loss attributed to the handling of vitriols. The pain was found to be largely due to pressure upon the dental and infra-orbital nerves by a growth in the maxillary sinus. This was removed after access to the parts from the exterior. An additional operation was necessary to trephine and drain the frontal sinus, and an incision was selected over the promontory roof of the nose and continued far enough to allow the flap to expose the inner edge of the superciliary ridge, at which point the sinus was trephined. The treatment gave complete relief, which had been permanent up to the date of the report. The record of this case is exceedingly instructive in its details.

Paralysis of the Larynx in Typhoid Fever.—M. BENOUD (*Lyon Médical*, March 28, 1897; *Boston Medical and Surgical Journal*, April 29, 1897) recently reported to the Lyon Society of Medical Sciences a case of paralysis of the posterior crico-arytenoid muscles occurring in the course of typhoid fever, which came on during the third week of the disease and was followed subsequently by paralysis of the soft palate. It is stated that in a recent monograph by Bouley and Mendel seventeen cases of paralysis in typhoid fever are reported, in six of which the posterior crico-arytenoid muscles were involved.

The Causes of Paralysis of the Recurrents.—M. LERMOYER (*Revue Internationale de Rhinologie, Otologie, et Laryngologie*, August, 1897) recently read an admirable and elaborate paper upon this subject before the French Society of Otology, Rhinology, and Laryngology, which we would commend to the careful study of those who have access to the original article, but which is too extensive even for an abstract in these columns.

In concluding his report three principal types of paralysis of the recurrents were presented for discussion:

First, incurable grave paralysis leading to death in consequence of the lesions which have produced it.

Second, incurable benignant paralysis, the cause of which often escapes us, but which is ordinarily simply an infirmity compatible with a prolonged life.

Third, curable and benignant paralysis, in which recovery takes place without any trace of its existence, and which seems to be but the result of a primitive neuritis, of which catching cold is one of the factors.

Laryngectomy.—M. DEPAGE reports (*Revue Internationale de Rhinologie, Otologie, et Laryngologie*, August, 1897) one case of total laryngectomy and one of partial laryngectomy—both successful. In the former the mouth was entirely shut off from the air-passages, and the patient for a while showed great distress for the want of a voice, and insisted upon having the communication between the mouth and the windpipe restored; but little by little he learned to articulate sounds sufficiently satisfactory to make himself understood, and since then has become satisfied with his condition.

Tracheotomy in Emergencies.—In an article on "Ideal Anæsthesia" (*Medical Record*, September 25, 1897), by DR. RAWLINGS NICHOL, of New York, he commends the method proposed by Dr. von Donhoff for performing tracheotomy in an emergency. "A curved needle, threaded, is passed through the trachea; then the tracheal rings are cut, and the thread is caught by a blunt hook; this thread is divided in the middle and the two strands it forms are loosely tied at the back of the neck."

Œsophagotomy and Removal of Dental Plate with Upper Central Incisor Tooth.—This case was reported (*N. Y. Medical Journal*, 1897, No. 981) by DR. A. A. SNYDER, of Washington. The operation was performed under chloroform narcosis with the loss of less than a drachm of blood, and the patient made a good recovery.

Sloughing of the Mucous Membrane of the Œsophagus.—DR. J. C. BROWN, of Smithport (*N. Y. Medical Journal*, 1897, No. 981; *Buffalo Medical Journal*, September), reports a case of corrosive poisoning in a robust man, thirty-two years of age, in which the mucous membrane of the œsophagus and of a part of the stomach was vomited as a complete cast. The œsophageal portion was in perfect shape, with the exception of a few small holes which might have been made in the effort to expel it. The stomach portion was somewhat torn in strips, due perhaps to a more pronounced effect of the corrosive agent. The whole was about sixteen inches in length. The case terminated fatally.

Incomplete Fracture of the Left Cornu of the Thyroid Cartilage, Resulting from Self-Inflicted Violence.—DR. A. DE ROALDES reports (*N. Y. Medical Journal*, 1897, No. 949) a case in which violent manipulation of the larynx in an endeavor to get rid of an olive-seed which had been inspired, resulted in an incomplete fracture of the left cornu of the thyroid cartilage.

(The laryngoscopic picture looks as though it might be a duplicate of a picture made some years ago for one of the compiler's cases in which the projection was attributed to a similar lesion.)

Pharyngeal Teratoma.—DR. A. DE ROALDES reports (*N. Y. Medical Journal*, 1897, No. 949) a remarkable case of fibro-chondroma of branchial origin removed from the throat of an infant six weeks old. It is accompanied by illustrations of the microscopic and macroscopic appearances. The growth was extirpated with a wire snare and forceps, and the child made a satisfactory recovery.